



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF SPECIAL EDUCATION, PO BOX 480, JEFFERSON CITY, MO 65102  
FUNDS MANAGEMENT SECTION  
**SPECIAL EDUCATION COOPERATIVE GRANT APPLICATION**

**COOPERATIVE NAME**

**NUMBER OF DISTRICTS**

**PRIMARY CONTACT**

**ADDRESS**

**PHONE NUMBER**

**FAX NUMBER**

**EMAIL ADDRESS**

SERVICES BEING CONSIDERED FOR COOPERATIVE AGREEMENT. Briefly describe what services the cooperative is likely to provide - evaluation teams, low incidence services, related services, behavioral health supports, general oversight and administration of Special Education programs or other.

GRANT YEAR 1. Briefly describe the planning phase and include the budget needed for this planning process.

GRANT YEAR 2. Briefly describe the implementation process for year two.

GRANT YEAR 3. Briefly describe the implementation process for year three.

PERSON COMPLETING FORM

POSITION

TELEPHONE NUMBER

SIGNATURE

DATE SIGNED

STATE OFFICE USE ONLY

APPROVED AMOUNT OF COOPERATIVE GRANT

\$

SIGNATURE OF DIRECTOR, FUNDS MANAGEMENT SECTION

DATE SIGNED